



**DIOCESE OF ONTARIO**  
The Anglican Church of Canada

## PAG Authorization Form

Name and location of Church: **St. Philip's Anglican Church, Milford, ON**

Name and phone number of contributor (please print) :

Name : \_\_\_\_\_  
 Telephone : \_\_\_\_\_  
 Email : \_\_\_\_\_

I(we) hereby request and authorize the Anglican Diocese of Ontario to withdraw from my (our) account each month the amount of

\$ \_\_\_\_\_ as a contribution to St. Philip's Anglican Church, Milford, ON, beginning on (date) : \_\_\_\_\_

If you would like your parish to record designated amounts from your PAG for specific projects, please indicate projects and amounts here.

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**\*\*Please choose option #1 OR option# 2 below :**

**Option #1: Debit from bank account (please attach a void cheque or EFT Form from your bank).**

Signature : \_\_\_\_\_  
 Telephone : \_\_\_\_\_

**Option #2: Credit Card type (check one) :**            Mastercard            Visa

Card number : \_\_\_\_\_  
 Expiration Date : \_\_\_\_\_  
 Signature : \_\_\_\_\_  
 Date : \_\_\_\_\_